



**Patient Experience, Quality and Safety (PEQS) COMMITTEE**

**Date:** 22 January 2026

**Time:** 9.30 am

**Location:** Board Room

<b>Attendance</b>	
<b>Chair:</b>	Dale Ashford (Committee Chair)
<b>Attendees:</b>	Phelim Quinn (Non-Executive Director) Philip Graham (Non-Executive Director)
<b>In Attendance:</b>	Lynne Charlton (Director of Quality, Safety & Improvement) Neil Sinclair (Chief Paramedic Officer) Nigel Ruddell (Medical Director) Stacey Beggs (Temporary Board Secretary) Catherine Hanna (Lead Pharmacist)
<b>Apologies:</b>	

<b>Minutes of Meeting</b>		
<b>Agenda Item</b>	<b>Summary of the discussion</b>	<b>Actions Agreed</b>
1.	<p><b><u>Apologies &amp; Remarks</u></b> Members noted there were no apologies and the Chair welcomed members to today's meeting.</p>	
2.	<p><b><u>Procedure</u></b></p> <p><b><u>2.1 Declaration of Potential Conflict of Interest</u></b> The Chair asked those present to declare any potential conflicts of interest now or as the meeting progressed.</p> <p>No declarations of conflict of interest were made.</p> <p><b><u>2.2 Quorum</u></b> The Chair confirmed that the Committee was quorate.</p> <p><b><u>2.3 Confidentiality of Information</u></b> The Chair confirmed and emphasised the confidentiality of information.</p>	
3.	<b><u>Previous Minutes</u></b>	



	<p>The minutes of the previous meeting on 11 September 2025 were <b>APPROVED</b> on a proposal from Mr Quinn and seconded by Dr Graham.</p>	
<p>4.</p>	<p><b><u>Matters Arising</u></b> The Committee <b>NOTED</b> the update to Matters arising.</p> <p><b><u>Learning from Deaths Policy</u></b> Ms Charlton acknowledged this Policy was due to be presented to the Committee today but confirmed that the process for policy and procedure is in draft and due to the information required NIAS need to engage with TUs but haven't socialised it with them yet. It will be shared with the clinical team and TU's so they know it's being done with the right spirit and culture.</p> <p><b><u>Streamlining Recommendations</u></b> Mr Sinclair advised there are ongoing discussions with ACCE regarding their expertise to streamline the similarity of recommendations in relation to revenue business cases.</p> <p><b><u>Presentation to NEDs re: OOCA</u></b> Mr Sinclair is considering dates and options to provide NEDs with a presentation regarding out of hospital cardiac arrests.</p> <p><b><u>Presenting SAI's to NED's</u></b> Ms Charlton updated the Committee that there was a workshop held in December in relation to current RRG processes for review of SAI's, she agreed to provide a further update at the next meeting.</p> <p>Ms Charlton updated the committee on a recent meeting with RQIA and NIAS Chief Executive in relation to regulation of independent ambulance services and related correspondence from NIAS CEx. A discussion followed in relation to governance and assurance processes in place within HSC Trust organisations in relation to commissioning through the non-emergency framework. The RQIA discussed current legislation and current challenge with DoH capacity to progress legislative changes. In the interim it was agreed that Ms Paterson would discuss the potential of a collective RQIA inspection in this regard with CEx colleagues and update Ms Donaghy thereafter.</p> <p>Dr Graham thought that this may be an agenda item for the CiC as it is an Internal Audit recommendation which</p>	<p><b>Ms Charlton</b></p> <p><b>Mr Sinclair</b></p> <p><b>Ms Charlton</b></p> <p><b>Ms Charlton</b></p>



	may prompt progress, and Mr Quinn suggested keeping this on the agenda for an update, so it isn't forgotten about.	
5	<p><b><u>Standing Items</u></b></p> <p>(i) <u>Identification of Risks</u> Nothing declared.</p> <p>(ii) <u>PEQS Forward Work Plan 26/27</u> The Committee <b>NOTED</b> the draft work plan provided by Ms Beggs and agreed that the new incoming Chair should review.</p>	<b>Chair</b>
6.	<p><b><u>EPRR</u></b></p> <p><u>EPRR Highlight Report</u> The Committee <b>NOTED</b> the highlight report which demonstrates the volume of recommendations being closed.</p> <p>Mr Mullen is having ongoing discussions with the DoH regarding estates and premises and NIAS are waiting a formal outcome.</p> <p>There is a business case in place and two further business cases to develop HART within the next two years, which is being led by Ms Garland, who has experience in business cases.</p> <p>The previously discussed concerns regarding the Fleadh Festival remain but are being addressed via the DoH. Ms Paterson has also escalated the concerns and NIAS continue to do all they can to mitigate the risks.</p> <p>Committee members were pleased with the report and progress and Mr Quinn suggested NIAS consider folding the progress to try and reduce the 90 HSC standards. Following a conversation with Mr David Charles Mr Sinclair is concerned there may be more unachievable recommendations and the impact that could have on the team, which Mr Charles was very understanding of.</p> <p>Mr Ashford welcomed it has been highlighted that NIAS don't have the same HART capability as other services.</p> <p>The Committee asked colleagues to convey their thanks and appreciation to the team.</p> <p>The Committee <b>NOTED</b> and <b>APPROVED</b> the following additional items on a proposal from Dr Graham and seconded by the Committee Chair.</p>	

- Adverse Weather Guidance and Procedures (FOR APPROVAL)
- Logging SOP - (FOR APPROVAL)
- Management of Events SOP (FOR APPROVAL)
- EPRR Policy update (FOR APPROVAL)
- Fuel Disruption Guidance and Procedures (FOR APPROVAL)

Mr Ashford was pleased with the significant progress and Mr Quinn reminded members of a previous discussion in relation to payments for significant events and the recommendation when discussing the event with organisers that there is mention of the NIAS CTF Fund.

The Committee referred to the oversight of EPRR and the risks, and that these should be highlighted via communication to other relevant NI Assembly departments, as well as SPPG and DoH.

Mr Sinclair confirmed he is still understanding the links across different stakeholders i.e. DoH and SPPG but agrees it is a good idea and will seek advice from Ms Paterson and suggest it is raised at the Health Committee.

**Mr Sinclair**

Dr Graham suggested that NIAS invite teams of MLAs to see firsthand what NIAS are doing, and that it was mentioned at the last Trust Board to consider this within the Comms Strategy and Plan. There was due to be a meeting yesterday with Dr Graham and colleagues regarding the Comms Plan, but it was cancelled.

Dr Ruddell is trying to understand the layers of engaging with the DoH, NI Office and Executive Office regarding NI contingencies. There are ongoing discussions regarding mutual aid and the NI Risk register, and NIAS have received ministerial questions this week about cross border working.

Ms Charlton agreed that proactive engagement with MLAs enhances that dialogue and she suggested it may be helpful for NIAS to meet and give them insight into the challenges, which may also avoid so many AQWs.

Mr Quinn suggested updating the sentence about risks and escalating to SPPG, however he acknowledges they may not be able to put into the Policy but NIAS

**Dr Graham**

	<p>need to continuously strategically think about it, and Dr Graham agreed to discuss at the next Comms Meeting.</p> <p>Mr Ashford referred to the Adverse Weather guidance and queried what the process is if a decision is required in the middle of the night for significant spend. Mr Sinclair advised he isn't aware of a standard process and Dr Graham agreed this should be confirmed in terms of unauthorised spend in exceptional circumstances or a critical incident. Dr Ruddell advised that the incident response plan should always have a process that ensure NIAS operate sufficiently through to the next day, as there is a strategic person on call every night. Mr Ashford is content if there is a safeguard for staff in the middle of night.</p> <p>Mr Ashford proposed that Mr Sinclair should liaise with the SPF Committee regarding opportunities to recharge for the management of events.</p> <p>Mr Ashford queried what NIAS do in a fragile fuel situation and Mr Sinclair suggested NIAS keep reserves for as long as possible but would check and confirm.</p> <p>A discussion ensued regarding how long stations can manage without power and Mr Sinclair agreed to follow up for the BCP and consider if it is in the wider plans for energy.</p>	<p><b>Mr Sinclair</b></p> <p><b>Mr Sinclair</b></p> <p><b>Mr Sinclair</b></p>
<p>7.</p>	<p><b><u>Complaints &amp; Compliments Update Report</u></b></p> <p>The Committee <b>NOTED</b> the report which provides an overview of complaints, compliments and learning for the period 1 April – 30 November 2025.</p> <p>Members conveyed their concern at the 11% increase in complaints, nine of which were re-opened. One of the themes within complaints is delays affecting stroke patients within cat 2 responses and Dr Ruddell is engaging with TU colleagues regarding this and doing work to mitigate protracted cat 2 responses.</p> <p>Ms Charlton updated the Committee regarding the lack of capacity within the Service User Feedback team and commended Ms Hamilton and Ms McVeigh in preparing the report with the implementation of modelling complaints response.</p>	



	<p>Ms Charlton encouraged members to note the number of powerful compliments.</p> <p>Mr Ashford referred to the overall increase in complaints which is expected due to the amount of demand.</p> <p>Mr Quinn raised concern that the increase of complaints will demoralise the team and decrease complaints performance and queried if it can be reconciled. Ms Charlton advised that all Chairs, Chief Executives and Directors have fed back concerns and she is meeting the complaints team three times per week to monitor.</p> <p>The Committee discussed the lack of progress regarding hospital handovers and agreed to raise concern at the next Board Meeting with the intention of discussing at the CiC Meeting.</p>	
8.	<p><u>Involvement and Co-Production Update</u> The Committee <b>NOTED</b> the Involvement and Co-Production Update and the Committee Chair agreed to sign the assurance monitoring form as the NED with responsibility for co production.</p> <p>The current three year strategy is coming to an end and the team plan to embed the new strategy into everything they do.</p> <p>The Committee were pleased with the excellent report and Mr Quinn commended Mr Gillan and Ms Hamilton in demonstrating their commitment in co production and involvement.</p> <p>Dr Graham asked to be invited to the next Co Production and Involvement meeting and Ms Finn agreed to arrange this.</p>	<b>Ms Finn</b>
9.	<p><u>Safeguarding Position Report</u></p> <p>The Committee <b>NOTED</b> the Position Report on NIAS Safeguarding. The report referenced the risk assessment regarding capacity and recruitment and the plan for further recruitment to the team to mitigate the risks outlined within the assessment.</p> <p>The Committee commended the team on the successes whilst facing the capacity issues and significant level of work.</p>	



	<p>Ms Charlton advised of the requirement for an annual report submitted to SPPG which is approved at Trust Board and of plans to convene a cross directorate Safeguarding Assurance Oversight Group to strengthen the current assurance framework.</p> <p>The Managing Allegations Policy will be submitted to the GARAC Committee for approval, which is in relation to the regional policy for safeguarding which translates those regional policies into what NIAS need to do. Mr Flannagan is currently liaising with colleagues to progress the safeguarding allegation policy.</p> <p>Ms Charlton advocated that Mr Flannagan and Ms Chambers deliver Safeguarding training to &amp; Trust Board Members to understand the processes within the Organisation.</p> <p>Mr Quinn queried if there is merit in involving the PSNI and Ms Charlton confirmed that there is a risk assessment template at meetings which concludes what other agencies need to be involved or referred to and Mr Flannagan is working with Steven Warnock to filter this operationally. Mr Quinn referenced there may not always be clear expectations of the route due to the infancy of the process and a trauma informed approach will be critical.</p> <p>Ms Charlton confirmed for Dr Graham that there is no safeguarding champion per directorate as yet, however Mr Flannagan and Ms Chambers work alongside and support members of the Operational team and in doing so have developed their knowledge.</p> <p>Ms Charlton concluded that t terms of reference (ToR) for the oversight group have been based on learning from UK services and with NHS quality commission guidance.</p>	
10.	<p><b><u>Safeguarding Assurance Group – SBAR</u></b></p> <p>The Committee <b>APPROVED</b> the request for the commencement of a Safeguarding Assurance Group which doesn't require additional resources as it will be a cross-directorate group.</p> <p>In terms of governance and assurance, the Committee queried if there should be someone more formally</p>	<b>Ms Charlton</b>

	<p>recognised with the role e.g. PPI, and Ms Charlton agreed to discuss with Mr Quinn.</p>	
11.	<p><b><u>Policy Review – Supporting staff and Being Open policies</u></b></p> <p>The Committee <b>APPROVED</b> an extension to the review dates of the NIAS ‘Supporting Staff’ and ‘Being Open’ policies to allow for regional work on Duty of Candour, Being Open, SAI, and the Being Human Framework to be completed. Both of these policies will be significantly impacted by these work programmes and may be replaced by regional policies/ procedures for same</p> <p>Ms Finn advised the policies are substantively the same but are being extended. They have been approved in principle by SLT to extend the date of the policies until the regional work is delivered, and they may need to take a regional approach if they go on for too long.</p> <p>Ms Charlton confirmed alluded to the regional intention to progress with the recommendations for duty of candour.</p>	
12.	<p><b><u>Pharmacy Bi Annual Report</u></b></p> <p>The Chair welcomed Ms Hanna to the meeting and the Committee <b>NOTED</b> the Biannual Update for awareness of risks and progress relating to Medicines in NIAS</p> <p>Mr Ashford welcomes the number of audit recommendations reducing and agreed that the DoH should issue a letter of comfort in relation to Duodote stockpile expiring.</p> <p>Ms Hanna explained that new supervisors who received training around operations management had a better understanding than Supervisors who completed it online, and there is more training planned divisionally that should be completed by February/March.</p> <p>Dr Ruddell referred to the significant progress made by Ms Hanna, particularly in terms of the list of stations and compliance that was mostly red and now mostly green which has been progressed by a very small team. The Committee agreed and thanked Ms Hanna for her contribution.</p>	
13.	<p><b><u>OOCA Improvement Update</u></b></p>	



	<p>Mr Sinclair updated the Committee that the improvement project is continuing and now becoming embedded as part of the Trust and it is great to see progression in all other areas i.e. successional planning and talent management etc.</p> <p>NIAS achieved an 85% KPI standard regarding public access defibs and have pending developed analysed data, procured through new defibs, which provides intelligent software to review the effectiveness of cardiac arrests.</p> <p>The Committee welcomed the introduction of a letter being sent to staff who helped a patient who survived a cardiac arrest, and were also pleased that the community resus team is up to full strength and working well.</p> <p>The Committee noted that the impact on patients (30-day survival) is an important measure, which NIAS achieved 8% in the calendar month and is on the right trajectory.</p> <p>Initial data demonstrates that there is a significant impact on survival via HEMS and NIAS hope to review in more depth in terms of benchmarking targets. Ms Wolfe is providing a range of positive messages and publications at regional and national conferences spotlighting NIAS' achievements.</p> <p>Mr Quinn commended the achievements and suggested sharing the positive interventions.</p>	
14	<p><b><u>HART Update</u></b> Discussed in earlier agenda item.</p>	
15.	<p><b><u>PEQS ToR Review</u></b> To be carried forward.</p>	
16.	<p><b><u>Any Other Business</u></b></p> <p>The Committee <b>NOTED</b> the current period of significant service pressure, particularly within the last three weeks. The Demand and Capacity review determined that the system will cease operating when it reaches 2.5hr delays which has occurred in the last few weeks. Once the system reaches 2.5 hours there is insufficient</p>	



	<p>resources, however the ICH and H&amp;T services have significantly helped manage the demand.</p> <p>In terms of CSP levels the situation was unprecedented and therefore escalated to the permanent secretary, DoH, and SPPG.</p> <p>Ms Charlton is considering submitting a SBAR paper to SPPG regarding the impact of protracted responses, particularly as four cases in the last two days have resulted in death, and Mr Quinn suggested this paper could form a basis of reporting to the CiC to provide context of the impact.</p> <p>Mr Sinclair elaborated that the call volume was over 100 callers waiting which can usually be managed within 24 hours however, it was consistent for 11 days which has never occurred before and was extremely challenging for the service, staff and patients</p> <p>Dr Ruddell advised that the Health Committee have scheduled an urgent meeting next Tuesday regarding the issue of hospital flow and patient discharges, and NIAS have been invited to a Health Committee Meeting on 19 March.</p>	
6.	<p><b><u>Date of Next Meeting</u></b> TBC on forward workplan once new Committee Chair is confirmed.</p>	

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 11.36 PM**

**SIGNED: P Quinn**

**DATE: 7-5-26**